



NASA Engineering Training Programs (NET) Participant Nomination Form

Please check the program name and insert the session number for this nomination (refer to the current Agencywide Schedule):

NET Programs

<input type="checkbox"/> Advanced Manufacturing	A-MANU	_____
<input type="checkbox"/> Designing World-Class Processes	DWP	_____
<input type="checkbox"/> Exploration & Space Operations	EXPO	_____
<input type="checkbox"/> Innovative Design/Eng Applications	IDEA	_____
<input type="checkbox"/> Introduction to Aeronautics	I-AERO	_____
<input type="checkbox"/> Introduction to Aerospace at NASA	IAN	_____
<input type="checkbox"/> Introduction to CMMI/CMM	I-CMMI	_____
<input type="checkbox"/> Intermediate CMMI	Int CMMI	_____
<input type="checkbox"/> Introduction to Rapid Prototyping	I-RP	_____
<input type="checkbox"/> Manufacturing Systems & Processes	MANU	_____
<input type="checkbox"/> Mars Mission/System Design	MMSD	_____
<input type="checkbox"/> Mastering Process Improvement	MPI	_____

<input type="checkbox"/> Managing S/W Projects w/Metrics	MSWPM	_____
<input type="checkbox"/> Science Mission/System Design	SMSDO	_____
<input type="checkbox"/> Science Mission/System Design Lab	SMSDO Lab	_____
<input type="checkbox"/> Seven Axioms of Good Engineering	SAGE	_____
<input type="checkbox"/> Software Configuration Management	SCM	_____
<input type="checkbox"/> Software Acquisition - CMM	SA-CMM	_____
<input type="checkbox"/> Software Project Planning/Control	SPPC	_____
<input type="checkbox"/> Space Launch/Transport Systems	SLTS	_____
<input type="checkbox"/> System Engineering Fundamentals 1	SEF-1	_____
<input type="checkbox"/> System Requirements	REQ	_____
<input type="checkbox"/> System Software Testing	SST	_____
<input type="checkbox"/> Topics in Engineering	TE	_____
<input type="checkbox"/> Verif, Valid & Test of Systems	VV&T	_____
<input type="checkbox"/> Other		_____

Please complete **ALL** of the following participant information: I am a ☐ NASA Civil Servant ☐ NASA Contractor

☐ Mr. ☐ Ms. ☐ Dr. Last Name: _____ First: _____ MI: _____

Name to be used on name tag: _____ Phone: _____

Nominee's E-mail: _____ Fax: _____

Supervisor's E-mail: _____

Functional Position Title (i.e., Chief, XYZ Branch): _____ Mission Directorate: Choose from the drop-down list:

If more than one Enterprise please list all: _____

Grade: _____ Project Name: _____

Center or Organization: _____ Mail Stop: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Gender: ☐ Male ☐ Female Citizenship: ☐ USA ☐ Other: _____ Birth Month/Day: _____

Degree Level: ☐ B.S./B.A. ☐ Masters ☐ Ph.D. ☐ Other: _____ Years of PM Experience: _____

Special Dietary, Medical, Physical or other requirements: _____

SIGNATURE APPROVALS

Nominee's Signature

Date

Supervisor's Signature

Date

Training Officer's Signature

Date

\$ _____

Est. Travel

Travel Approval Signature

Date

Completed Forms should be returned to your Center's designated NET Training Representative
Questions? Please call RGI at (703) 820-4900 or visit <http://nasapeople.nasa.gov>

Revised 10/01/04